

FIRST REGULAR SESSION

[PERFECTED]

SENATE SUBSTITUTE FOR

SENATE COMMITTEE SUBSTITUTE FOR

# SENATE BILL NO. 157

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLACK.

0779S.03P

KRISTINA MARTIN, Secretary

## AN ACT

To repeal sections 195.070, 334.036, 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and 335.175, RSMo, and to enact in lieu thereof twelve new sections relating to the licensing of health care professionals.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 195.070, 334.036, 334.104, 335.016,  
2 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086,  
3 and 335.175, RSMo, are repealed and twelve new sections enacted  
4 in lieu thereof, to be known as sections 195.070, 334.036,  
5 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056,  
6 335.076, 335.086, and 335.175, to read as follows:

195.070. 1. A physician, podiatrist, dentist, a  
2 registered optometrist certified to administer  
3 pharmaceutical agents as provided in section 336.220, or an  
4 assistant physician in accordance with section 334.037 or a  
5 physician assistant in accordance with section 334.747 in  
6 good faith and in the course of his or her professional  
7 practice only, may prescribe, administer, and dispense  
8 controlled substances or he or she may cause the same to be  
9 administered or dispensed by an individual as authorized by  
10 statute.

**EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

11           2. An advanced practice registered nurse, as defined  
12 in section 335.016, but not a certified registered nurse  
13 anesthetist as defined in subdivision (8) of section  
14 335.016, who holds a certificate of controlled substance  
15 prescriptive authority from the board of nursing under  
16 section 335.019 and who is delegated the authority to  
17 prescribe controlled substances under a collaborative  
18 practice arrangement under section 334.104 may prescribe any  
19 controlled substances listed in Schedules III, IV, and V of  
20 section 195.017, and may have restricted authority in  
21 Schedule II. Prescriptions for Schedule II medications  
22 prescribed by an advanced practice registered nurse who has  
23 a certificate of controlled substance prescriptive authority  
24 are restricted to only those medications containing  
25 hydrocodone **and Schedule II controlled substances for**  
26 **hospice patients pursuant to the provisions of section**  
27 **334.104.** However, no such certified advanced practice  
28 registered nurse shall prescribe controlled substance for  
29 his or her own self or family. Schedule III narcotic  
30 controlled substance and Schedule II - hydrocodone  
31 prescriptions shall be limited to a one hundred twenty-hour  
32 supply without refill.

33           3. A veterinarian, in good faith and in the course of  
34 the veterinarian's professional practice only, and not for  
35 use by a human being, may prescribe, administer, and  
36 dispense controlled substances and the veterinarian may  
37 cause them to be administered by an assistant or orderly  
38 under his or her direction and supervision.

39           4. A practitioner shall not accept any portion of a  
40 controlled substance unused by a patient, for any reason, if  
41 such practitioner did not originally dispense the drug,  
42 except:

43 (1) When the controlled substance is delivered to the  
44 practitioner to administer to the patient for whom the  
45 medication is prescribed as authorized by federal law.  
46 Practitioners shall maintain records and secure the  
47 medication as required by this chapter and regulations  
48 promulgated pursuant to this chapter; or

49 (2) As provided in section 195.265.

50 5. An individual practitioner shall not prescribe or  
51 dispense a controlled substance for such practitioner's  
52 personal use except in a medical emergency.

334.036. 1. For purposes of this section, the  
2 following terms shall mean:

3 (1) "Assistant physician", any **graduate of a** medical  
4 school **[graduate] accredited by the Liaison Committee on**  
5 **Medical Education, the Commission on Osteopathic College**  
6 **Accreditation, or an organization accredited by the**  
7 **Educational Commission for Foreign Medical Graduates** who:

8 (a) Is a resident and citizen of the United States or  
9 is a legal resident alien;

10 (b) Has successfully completed Step 2 of the United  
11 States Medical Licensing Examination or the equivalent of  
12 such step of any other board-approved medical licensing  
13 examination within the three-year period immediately  
14 preceding application for licensure as an assistant  
15 physician, or within three years after graduation from a  
16 medical college or osteopathic medical college, whichever is  
17 later;

18 (c) Has not completed an approved postgraduate  
19 residency and has successfully completed Step 2 of the  
20 United States Medical Licensing Examination or the  
21 equivalent of such step of any other board-approved medical  
22 licensing examination within the immediately preceding three-

23 year period unless when such three-year anniversary occurred  
24 he or she was serving as a resident physician in an  
25 accredited residency in the United States and continued to  
26 do so within thirty days prior to application for licensure  
27 as an assistant physician; and

28 (d) Has proficiency in the English language.

29 Any **graduate of a** medical school [graduate] who could have  
30 applied for licensure and complied with the provisions of  
31 this subdivision at any time between August 28, 2014, and  
32 August 28, 2017, may apply for licensure and shall be deemed  
33 in compliance with the provisions of this subdivision;

34 (2) "Assistant physician collaborative practice  
35 arrangement", an agreement between a physician and an  
36 assistant physician that meets the requirements of this  
37 section and section 334.037[;

38 (3) "Medical school graduate", any person who has  
39 graduated from a medical college or osteopathic medical  
40 college described in section 334.031].

41 2. (1) An assistant physician collaborative practice  
42 arrangement shall limit the assistant physician to providing  
43 only primary care services and only in medically underserved  
44 rural or urban areas of this state [or in any pilot project  
45 areas established in which assistant physicians may  
46 practice].

47 (2) For a physician-assistant physician team working  
48 in a rural health clinic under the federal Rural Health  
49 Clinic Services Act, P.L. 95-210, as amended:

50 (a) An assistant physician shall be considered a  
51 physician assistant for purposes of regulations of the  
52 Centers for Medicare and Medicaid Services (CMS); and

53           (b) No supervision requirements in addition to the  
54 minimum federal law shall be required.

55           3. (1) For purposes of this section, the licensure of  
56 assistant physicians shall take place within processes  
57 established by rules of the state board of registration for  
58 the healing arts. The board of healing arts is authorized  
59 to establish rules under chapter 536 establishing licensure  
60 and renewal procedures, supervision, collaborative practice  
61 arrangements, fees, and addressing such other matters as are  
62 necessary to protect the public and discipline the  
63 profession. No licensure fee for an assistant physician  
64 shall exceed the amount of any licensure fee for a physician  
65 assistant. An application for licensure may be denied or  
66 the licensure of an assistant physician may be suspended or  
67 revoked by the board in the same manner and for violation of  
68 the standards as set forth by section 334.100, or such other  
69 standards of conduct set by the board by rule. No rule or  
70 regulation shall require an assistant physician to complete  
71 more hours of continuing medical education than that of a  
72 licensed physician.

73           (2) Any rule or portion of a rule, as that term is  
74 defined in section 536.010, that is created under the  
75 authority delegated in this section shall become effective  
76 only if it complies with and is subject to all of the  
77 provisions of chapter 536 and, if applicable, section  
78 536.028. This section and chapter 536 are nonseverable and  
79 if any of the powers vested with the general assembly under  
80 chapter 536 to review, to delay the effective date, or to  
81 disapprove and annul a rule are subsequently held  
82 unconstitutional, then the grant of rulemaking authority and  
83 any rule proposed or adopted after August 28, 2014, shall be  
84 invalid and void.

85           (3) Any rules or regulations regarding assistant  
86 physicians in effect as of the effective date of this  
87 section that conflict with the provisions of this section  
88 and section 334.037 shall be null and void as of the  
89 effective date of this section.

90           4. An assistant physician shall clearly identify  
91 himself or herself as an assistant physician and shall be  
92 permitted to use the terms "doctor", "Dr.", or "doc". No  
93 assistant physician shall practice or attempt to practice  
94 without an assistant physician collaborative practice  
95 arrangement, except as otherwise provided in this section  
96 and in an emergency situation.

97           5. The collaborating physician is responsible at all  
98 times for the oversight of the activities of and accepts  
99 responsibility for primary care services rendered by the  
100 assistant physician.

101           6. The provisions of section 334.037 shall apply to  
102 all assistant physician collaborative practice  
103 arrangements. Any renewal of licensure under this section  
104 shall include verification of actual practice under a  
105 collaborative practice arrangement in accordance with this  
106 subsection during the immediately preceding licensure period.

107           7. Each health carrier or health benefit plan that  
108 offers or issues health benefit plans that are delivered,  
109 issued for delivery, continued, or renewed in this state  
110 shall reimburse an assistant physician for the diagnosis,  
111 consultation, or treatment of an insured or enrollee on the  
112 same basis that the health carrier or health benefit plan  
113 covers the service when it is delivered by another  
114 comparable mid-level health care provider including, but not  
115 limited to, a physician assistant.

334.104. 1. A physician may enter into collaborative  
2 practice arrangements with registered professional nurses.  
3 Collaborative practice arrangements shall be in the form of  
4 written agreements, jointly agreed-upon protocols, or  
5 standing orders for the delivery of health care services.  
6 Collaborative practice arrangements, which shall be in  
7 writing, may delegate to a registered professional nurse the  
8 authority to administer or dispense drugs and provide  
9 treatment as long as the delivery of such health care  
10 services is within the scope of practice of the registered  
11 professional nurse and is consistent with that nurse's  
12 skill, training and competence.

13 2. **(1)** Collaborative practice arrangements, which  
14 shall be in writing, may delegate to a registered  
15 professional nurse the authority to administer, dispense or  
16 prescribe drugs and provide treatment if the registered  
17 professional nurse is an advanced practice registered nurse  
18 as defined in subdivision (2) of section 335.016.  
19 Collaborative practice arrangements may delegate to an  
20 advanced practice registered nurse, as defined in section  
21 335.016, the authority to administer, dispense, or prescribe  
22 controlled substances listed in Schedules III, IV, and V of  
23 section 195.017, and Schedule II - hydrocodone; except that,  
24 the collaborative practice arrangement shall not delegate  
25 the authority to administer any controlled substances listed  
26 in Schedules III, IV, and V of section 195.017, or Schedule  
27 II - hydrocodone for the purpose of inducing sedation or  
28 general anesthesia for therapeutic, diagnostic, or surgical  
29 procedures. Schedule III narcotic controlled substance and  
30 Schedule II - hydrocodone prescriptions shall be limited to  
31 a one hundred twenty-hour supply without refill.

32           (2) Notwithstanding any other provision of this  
33 section to the contrary, a collaborative practice  
34 arrangement may delegate to an advanced practice registered  
35 nurse the authority to administer, dispense, or prescribe  
36 Schedule II controlled substances for hospice patients;  
37 provided, that the advanced practice registered nurse is  
38 employed by a hospice provider certified pursuant to chapter  
39 197 and the advanced practice registered nurse is providing  
40 care to hospice patients pursuant to a collaborative  
41 practice arrangement that designates the certified hospice  
42 as a location where the advanced practice registered nurse  
43 is authorized to practice and prescribe.

44           (3) Such collaborative practice arrangements shall be  
45 in the form of written agreements, jointly agreed-upon  
46 protocols or standing orders for the delivery of health care  
47 services.

48           (4) An advanced practice registered nurse may  
49 prescribe buprenorphine for up to a thirty-day supply  
50 without refill for patients receiving medication-assisted  
51 treatment for substance use disorders under the direction of  
52 the collaborating physician.

53           3. The written collaborative practice arrangement  
54 shall contain at least the following provisions:

55           (1) Complete names, home and business addresses, zip  
56 codes, and telephone numbers of the collaborating physician  
57 and the advanced practice registered nurse;

58           (2) A list of all other offices or locations besides  
59 those listed in subdivision (1) of this subsection where the  
60 collaborating physician authorized the advanced practice  
61 registered nurse to prescribe;

62           (3) A requirement that there shall be posted at every  
63 office where the advanced practice registered nurse is

64 authorized to prescribe, in collaboration with a physician,  
65 a prominently displayed disclosure statement informing  
66 patients that they may be seen by an advanced practice  
67 registered nurse and have the right to see the collaborating  
68 physician;

69 (4) All specialty or board certifications of the  
70 collaborating physician and all certifications of the  
71 advanced practice registered nurse;

72 (5) The manner of collaboration between the  
73 collaborating physician and the advanced practice registered  
74 nurse, including how the collaborating physician and the  
75 advanced practice registered nurse will:

76 (a) Engage in collaborative practice consistent with  
77 each professional's skill, training, education, and  
78 competence;

79 (b) Maintain geographic proximity, except **as specified**  
80 **in this paragraph. The following provisions shall apply**  
81 **with respect to this requirement:**

82 a. **Until August 28, 2025, an advanced practice**  
83 **registered nurse providing services in a correctional**  
84 **center, as defined in section 217.010, and his or her**  
85 **collaborating physician shall satisfy the geographic**  
86 **proximity requirement if they practice within two hundred**  
87 **miles by road of one another. An incarcerated patient who**  
88 **requests or requires a physician consultation shall be**  
89 **treated by a physician as soon as appropriate;**

90 b. The collaborative practice arrangement may allow  
91 for geographic proximity to be waived for a maximum of  
92 twenty-eight days per calendar year for rural health clinics  
93 as defined by P.L. 95-210 **(42 U.S.C. Section 1395x, as**  
94 **amended)**, as long as the collaborative practice arrangement  
95 includes alternative plans as required in paragraph (c) of

96 this subdivision. This exception to geographic proximity  
97 shall apply only to independent rural health clinics,  
98 provider-based rural health clinics where the provider is a  
99 critical access hospital as provided in 42 U.S.C. Section  
100 1395i-4, and provider-based rural health clinics where the  
101 main location of the hospital sponsor is greater than fifty  
102 miles from the clinic[.];

103 **c. The collaborative practice arrangement may allow**  
104 **for geographic proximity to be waived when the arrangement**  
105 **outlines the use of telehealth, as defined in section**  
106 **191.1145;**

107 **d. In addition to the waivers and exemptions provided**  
108 **in this subsection, an application for a waiver for any**  
109 **other reason of any applicable geographic proximity shall be**  
110 **available if a physician is collaborating with an advanced**  
111 **practice registered nurse in excess of any geographic**  
112 **proximity limit. The board of nursing and the state board**  
113 **of registration for the healing arts shall review each**  
114 **application for a waiver of geographic proximity and approve**  
115 **the application if the boards determine that adequate**  
116 **supervision exists between the collaborating physician and**  
117 **the advanced practice registered nurse. The boards shall**  
118 **have forty-five calendar days to review the completed**  
119 **application for the waiver of geographic proximity. If no**  
120 **action is taken by the boards within forty-five days after**  
121 **the submission of the application for a waiver, then the**  
122 **application shall be deemed approved. If the application is**  
123 **denied by the boards, the provisions of section 536.063 for**  
124 **contested cases shall apply and govern proceedings for**  
125 **appellate purposes; and**

126 **e. The collaborating physician is required to maintain**  
127 **documentation related to this requirement and to present it**

128 to the state board of registration for the healing arts when  
129 requested; and

130 (c) Provide coverage during absence, incapacity,  
131 infirmity, or emergency by the collaborating physician;

132 (6) A description of the advanced practice registered  
133 nurse's controlled substance prescriptive authority in  
134 collaboration with the physician, including a list of the  
135 controlled substances the physician authorizes the nurse to  
136 prescribe and documentation that it is consistent with each  
137 professional's education, knowledge, skill, and competence;

138 (7) A list of all other written practice agreements of  
139 the collaborating physician and the advanced practice  
140 registered nurse;

141 (8) The duration of the written practice agreement  
142 between the collaborating physician and the advanced  
143 practice registered nurse;

144 (9) A description of the time and manner of the  
145 collaborating physician's review of the advanced practice  
146 registered nurse's delivery of health care services. The  
147 description shall include provisions that the advanced  
148 practice registered nurse shall submit a minimum of ten  
149 percent of the charts documenting the advanced practice  
150 registered nurse's delivery of health care services to the  
151 collaborating physician for review by the collaborating  
152 physician, or any other physician designated in the  
153 collaborative practice arrangement, every fourteen days;

154 [and]

155 (10) The collaborating physician, or any other  
156 physician designated in the collaborative practice  
157 arrangement, shall review every fourteen days a minimum of  
158 twenty percent of the charts in which the advanced practice  
159 registered nurse prescribes controlled substances. The

160 charts reviewed under this subdivision may be counted in the  
161 number of charts required to be reviewed under subdivision  
162 (9) of this subsection; **and**

163 **(11) If a collaborative practice arrangement is used**  
164 **in clinical situations where a collaborating advanced**  
165 **practice registered nurse provides health care services that**  
166 **include the diagnosis and initiation of treatment for**  
167 **acutely or chronically ill or injured persons, then the**  
168 **collaborating physician or any other physician designated in**  
169 **the collaborative practice arrangement shall be present for**  
170 **sufficient periods of time, at least once every two weeks,**  
171 **except in extraordinary circumstances that shall be**  
172 **documented, to participate in a chart review and to provide**  
173 **necessary medical direction, medical services,**  
174 **consultations, and supervision of the health care staff.**

175 4. The state board of registration for the healing  
176 arts pursuant to section 334.125 and the board of nursing  
177 pursuant to section 335.036 may jointly promulgate rules  
178 regulating the use of collaborative practice arrangements.  
179 Such rules shall be limited to [specifying geographic areas  
180 to be covered,] the methods of treatment that may be covered  
181 by collaborative practice arrangements and the requirements  
182 for review of services provided pursuant to collaborative  
183 practice arrangements including delegating authority to  
184 prescribe controlled substances. **Any rules relating to**  
185 **geographic proximity shall allow a collaborating physician**  
186 **and a collaborating advanced practice registered nurse to**  
187 **practice within two hundred miles by road of one another**  
188 **until August 28, 2025, if the nurse is providing services in**  
189 **a correctional center, as defined in section 217.010.** Any  
190 rules relating to dispensing or distribution of medications  
191 or devices by prescription or prescription drug orders under

192 this section shall be subject to the approval of the state  
193 board of pharmacy. Any rules relating to dispensing or  
194 distribution of controlled substances by prescription or  
195 prescription drug orders under this section shall be subject  
196 to the approval of the department of health and senior  
197 services and the state board of pharmacy. In order to take  
198 effect, such rules shall be approved by a majority vote of a  
199 quorum of each board. Neither the state board of  
200 registration for the healing arts nor the board of nursing  
201 may separately promulgate rules relating to collaborative  
202 practice arrangements. Such jointly promulgated rules shall  
203 be consistent with guidelines for federally funded clinics.  
204 The rulemaking authority granted in this subsection shall  
205 not extend to collaborative practice arrangements of  
206 hospital employees providing inpatient care within hospitals  
207 as defined pursuant to chapter 197 or population-based  
208 public health services as defined by 20 CSR 2150-5.100 as of  
209 April 30, 2008.

210 5. The state board of registration for the healing  
211 arts shall not deny, revoke, suspend or otherwise take  
212 disciplinary action against a physician for health care  
213 services delegated to a registered professional nurse  
214 provided the provisions of this section and the rules  
215 promulgated thereunder are satisfied. Upon the written  
216 request of a physician subject to a disciplinary action  
217 imposed as a result of an agreement between a physician and  
218 a registered professional nurse or registered physician  
219 assistant, whether written or not, prior to August 28, 1993,  
220 all records of such disciplinary licensure action and all  
221 records pertaining to the filing, investigation or review of  
222 an alleged violation of this chapter incurred as a result of  
223 such an agreement shall be removed from the records of the

224 state board of registration for the healing arts and the  
225 division of professional registration and shall not be  
226 disclosed to any public or private entity seeking such  
227 information from the board or the division. The state board  
228 of registration for the healing arts shall take action to  
229 correct reports of alleged violations and disciplinary  
230 actions as described in this section which have been  
231 submitted to the National Practitioner Data Bank. In  
232 subsequent applications or representations relating to his  
233 **or her** medical practice, a physician completing forms or  
234 documents shall not be required to report any actions of the  
235 state board of registration for the healing arts for which  
236 the records are subject to removal under this section.

237 6. Within thirty days of any change and on each  
238 renewal, the state board of registration for the healing  
239 arts shall require every physician to identify whether the  
240 physician is engaged in any collaborative practice  
241 **[agreement] arrangement**, including collaborative practice  
242 **[agreements] arrangements** delegating the authority to  
243 prescribe controlled substances, or physician assistant  
244 **[agreement] collaborative practice arrangement** and also  
245 report to the board the name of each licensed professional  
246 with whom the physician has entered into such **[agreement]**  
247 **arrangement**. The board **[may] shall** make this information  
248 available to the public. The board shall track the reported  
249 information and may routinely conduct random reviews of such  
250 **[agreements] arrangements** to ensure that **[agreements]**  
251 **arrangements** are carried out for compliance under this  
252 chapter.

253 7. Notwithstanding any law to the contrary, a  
254 certified registered nurse anesthetist as defined in  
255 subdivision (8) of section 335.016 shall be permitted to

256 provide anesthesia services without a collaborative practice  
257 arrangement provided that he or she is under the supervision  
258 of an anesthesiologist or other physician, dentist, or  
259 podiatrist who is immediately available if needed. Nothing  
260 in this subsection shall be construed to prohibit or prevent  
261 a certified registered nurse anesthetist as defined in  
262 subdivision (8) of section 335.016 from entering into a  
263 collaborative practice arrangement under this section,  
264 except that the collaborative practice arrangement may not  
265 delegate the authority to prescribe any controlled  
266 substances listed in Schedules III, IV, and V of section  
267 195.017, or Schedule II - hydrocodone.

268 8. A collaborating physician shall not enter into a  
269 collaborative practice arrangement with more than six full-  
270 time equivalent advanced practice registered nurses, full-  
271 time equivalent licensed physician assistants, or full-time  
272 equivalent assistant physicians, or any combination  
273 thereof. This limitation shall not apply to collaborative  
274 arrangements of hospital employees providing inpatient care  
275 service in hospitals as defined in chapter 197 or population-  
276 based public health services as defined by 20 CSR 2150-5.100  
277 as of April 30, 2008, or to a certified registered nurse  
278 anesthetist providing anesthesia services under the  
279 supervision of an anesthesiologist or other physician,  
280 dentist, or podiatrist who is immediately available if  
281 needed as set out in subsection 7 of this section.

282 9. It is the responsibility of the collaborating  
283 physician to determine and document the completion of at  
284 least a one-month period of time during which the advanced  
285 practice registered nurse shall practice with the  
286 collaborating physician continuously present before  
287 practicing in a setting where the collaborating physician is

288 not continuously present. This limitation shall not apply  
289 to collaborative arrangements of providers of population-  
290 based public health services as defined by 20 CSR 2150-5.100  
291 as of April 30, 2008, **or to collaborative practice**  
292 **arrangements between a primary care physician and a primary**  
293 **care advanced practice registered nurse or a behavioral**  
294 **health physician and a behavioral health advanced practice**  
295 **registered nurse, where the collaborating physician is new**  
296 **to a patient population to which the advanced practice**  
297 **registered nurse is familiar.**

298 10. No agreement made under this section shall  
299 supersede current hospital licensing regulations governing  
300 hospital medication orders under protocols or standing  
301 orders for the purpose of delivering inpatient or emergency  
302 care within a hospital as defined in section 197.020 if such  
303 protocols or standing orders have been approved by the  
304 hospital's medical staff and pharmaceutical therapeutics  
305 committee.

306 11. No contract or other **[agreement]** **term of**  
307 **employment** shall require a physician to act as a  
308 collaborating physician for an advanced practice registered  
309 nurse against the physician's will. A physician shall have  
310 the right to refuse to act as a collaborating physician,  
311 without penalty, for a particular advanced practice  
312 registered nurse. No contract or other agreement shall  
313 limit the collaborating physician's ultimate authority over  
314 any protocols or standing orders or in the delegation of the  
315 physician's authority to any advanced practice registered  
316 nurse, but this requirement shall not authorize a physician  
317 in implementing such protocols, standing orders, or  
318 delegation to violate applicable standards for safe medical  
319 practice established by hospital's medical staff.

320           12. No contract or other [agreement] **term of**  
321 **employment** shall require any advanced practice registered  
322 nurse to serve as a collaborating advanced practice  
323 registered nurse for any collaborating physician against the  
324 advanced practice registered nurse's will. An advanced  
325 practice registered nurse shall have the right to refuse to  
326 collaborate, without penalty, with a particular physician.

          335.016. As used in this chapter, unless the context  
2 clearly requires otherwise, the following words and terms  
3 mean:

4           (1) "Accredited", the official authorization or status  
5 granted by an agency for a program through a voluntary  
6 process;

7           (2) "Advanced practice registered nurse" **or "APRN"**, a  
8 [nurse who has education beyond the basic nursing education  
9 and is certified by a nationally recognized professional  
10 organization as a certified nurse practitioner, certified  
11 nurse midwife, certified registered nurse anesthetist, or a  
12 certified clinical nurse specialist. The board shall  
13 promulgate rules specifying which nationally recognized  
14 professional organization certifications are to be  
15 recognized for the purposes of this section. Advanced  
16 practice nurses and only such individuals may use the title  
17 "Advanced Practice Registered Nurse" and the abbreviation  
18 "APRN"] **person who is licensed under the provisions of this**  
19 **chapter to engage in the practice of advanced practice**  
20 **nursing as a certified clinical nurse specialist, certified**  
21 **nurse midwife, certified nurse practitioner, or certified**  
22 **registered nurse anesthetist;**

23           (3) "Approval", official recognition of nursing  
24 education programs which meet standards established by the  
25 board of nursing;

26 (4) "Board" or "state board", the state board of  
27 nursing;

28 (5) "Certified clinical nurse specialist", a  
29 registered nurse who is currently certified as a clinical  
30 nurse specialist by a nationally recognized certifying board  
31 approved by the board of nursing;

32 (6) "Certified nurse midwife", a registered nurse who  
33 is currently certified as a nurse midwife by the American  
34 [College of Nurse Midwives] **Midwifery Certification Board,**  
35 or other nationally recognized certifying body approved by  
36 the board of nursing;

37 (7) "Certified nurse practitioner", a registered nurse  
38 who is currently certified as a nurse practitioner by a  
39 nationally recognized certifying body approved by the board  
40 of nursing;

41 (8) "Certified registered nurse anesthetist", a  
42 registered nurse who is currently certified as a nurse  
43 anesthetist by the Council on Certification of Nurse  
44 Anesthetists, the [Council on Recertification of Nurse  
45 Anesthetists] **National Board of Certification and**  
46 **Recertification for Nurse Anesthetists,** or other nationally  
47 recognized certifying body approved by the board of nursing;

48 (9) "Executive director", a qualified individual  
49 employed by the board as executive secretary or otherwise to  
50 administer the provisions of this chapter under the board's  
51 direction. Such person employed as executive director shall  
52 not be a member of the board;

53 (10) "Inactive [nurse] **license status**", as defined by  
54 rule pursuant to section 335.061;

55 (11) "Lapsed license status", as defined by rule under  
56 section 335.061;

57 (12) "Licensed practical nurse" or "practical nurse",  
58 a person licensed pursuant to the provisions of this chapter  
59 to engage in the practice of practical nursing;

60 (13) "Licensure", the issuing of a license [to  
61 practice professional or practical nursing] to candidates  
62 who have met the [specified] requirements **specified under**  
63 **this chapter, authorizing the person to engage in the**  
64 **practice of advanced practice, professional, or practical**  
65 **nursing**, and the recording of the names of those persons as  
66 holders of a license to practice **advanced practice,**  
67 professional, or practical nursing;

68 (14) "**Practice of advanced practice nursing**", the  
69 **performance for compensation of activities and services**  
70 **consistent with the required education, training,**  
71 **certification, demonstrated competencies, and experiences of**  
72 **an advanced practice registered nurse;**

73 (15) "**Practice of practical nursing**", the performance  
74 for compensation of selected acts for the promotion of  
75 health and in the care of persons who are ill, injured, or  
76 experiencing alterations in normal health processes. Such  
77 performance requires substantial specialized skill, judgment  
78 and knowledge. All such nursing care shall be given under  
79 the direction of a person licensed by a state regulatory  
80 board to prescribe medications and treatments or under the  
81 direction of a registered professional nurse. For the  
82 purposes of this chapter, the term "direction" shall mean  
83 guidance or supervision provided by a person licensed by a  
84 state regulatory board to prescribe medications and  
85 treatments or a registered professional nurse, including,  
86 but not limited to, oral, written, or otherwise communicated  
87 orders or directives for patient care. When practical  
88 nursing care is delivered pursuant to the direction of a

89 person licensed by a state regulatory board to prescribe  
90 medications and treatments or under the direction of a  
91 registered professional nurse, such care may be delivered by  
92 a licensed practical nurse without direct physical oversight;

93 [(15)] (16) "**Practice of professional nursing**", the  
94 performance for compensation of any act **or action** which  
95 requires substantial specialized education, judgment and  
96 skill based on knowledge and application of principles  
97 derived from the biological, physical, social, **behavioral**,  
98 and nursing sciences, including, but not limited to:

99 (a) Responsibility for the **promotion and** teaching of  
100 health care and the prevention of illness to the patient and  
101 his or her family;

102 (b) Assessment, **data collection**, nursing diagnosis,  
103 nursing care, **evaluation**, and counsel of persons who are  
104 ill, injured, or experiencing alterations in normal health  
105 processes;

106 (c) The administration of medications and treatments  
107 as prescribed by a person licensed by a state regulatory  
108 board to prescribe medications and treatments;

109 (d) The coordination and assistance in the  
110 **determination and** delivery of a plan of health care with all  
111 members of a health team;

112 (e) The teaching and supervision of other persons in  
113 the performance of any of the foregoing;

114 [(16) A] (17) "Registered professional nurse" or  
115 "registered nurse", a person licensed pursuant to the  
116 provisions of this chapter to engage in the practice of  
117 professional nursing;

118 [(17)] (18) "Retired license status", any person  
119 licensed in this state under this chapter who retires from  
120 such practice. Such person shall file with the board an

121 affidavit, on a form to be furnished by the board, which  
122 states the date on which the licensee retired from such  
123 practice, an intent to retire from the practice for at least  
124 two years, and such other facts as tend to verify the  
125 retirement as the board may deem necessary; but if the  
126 licensee thereafter reengages in the practice, the licensee  
127 shall renew his or her license with the board as provided by  
128 this chapter and by rule and regulation.

335.019. 1. **An advanced practice registered nurse's  
2 prescriptive authority shall include authority to:**

3 (1) **Prescribe, dispense, and administer medications**  
4 **and nonscheduled legend drugs, as defined in section**  
5 **338.330, within such APRN's practice and specialty; and**

6 (2) **Notwithstanding any other provision of this**  
7 **chapter to the contrary, receive, prescribe, administer, and**  
8 **provide nonscheduled legend drug samples from pharmaceutical**  
9 **manufacturers to patients at no charge to the patient or any**  
10 **other party.**

11 2. The board of nursing may grant a certificate of  
12 controlled substance prescriptive authority to an advanced  
13 practice registered nurse who:

14 (1) Submits proof of successful completion of an  
15 advanced pharmacology course that shall include preceptorial  
16 experience in the prescription of drugs, medicines, and  
17 therapeutic devices; and

18 (2) Provides documentation of a minimum of three  
19 hundred clock hours preceptorial experience in the  
20 prescription of drugs, medicines, and therapeutic devices  
21 with a qualified preceptor; and

22 (3) Provides evidence of a minimum of one thousand  
23 hours of practice in an advanced practice nursing category  
24 prior to application for a certificate of prescriptive

25 authority. The one thousand hours shall not include  
26 clinical hours obtained in the advanced practice nursing  
27 education program. The one thousand hours of practice in an  
28 advanced practice nursing category may include transmitting  
29 a prescription order orally or telephonically or to an  
30 inpatient medical record from protocols developed in  
31 collaboration with and signed by a licensed physician; and

32 (4) Has a controlled substance prescribing authority  
33 delegated in the collaborative practice arrangement under  
34 section 334.104 with a physician who has an unrestricted  
35 federal Drug Enforcement Administration registration number  
36 and who is actively engaged in a practice comparable in  
37 scope, specialty, or expertise to that of the advanced  
38 practice registered nurse.

335.036. 1. The board shall:

2 (1) Elect for a one-year term a president and a  
3 secretary, who shall also be treasurer, and the board may  
4 appoint, employ and fix the compensation of a legal counsel  
5 and such board personnel as defined in subdivision (4) of  
6 subsection 11 of section 324.001 as are necessary to  
7 administer the provisions of sections 335.011 to [335.096]  
8 **335.099;**

9 (2) Adopt and revise such rules and regulations as may  
10 be necessary to enable it to carry into effect the  
11 provisions of sections 335.011 to [335.096] **335.099;**

12 (3) Prescribe minimum standards for educational  
13 programs preparing persons for licensure **as a registered**  
14 **professional nurse or licensed practical nurse** pursuant to  
15 the provisions of sections 335.011 to [335.096] **335.099;**

16 (4) Provide for surveys of such programs every five  
17 years and in addition at such times as it may deem necessary;

18           (5) Designate as "approved" such programs as meet the  
19 requirements of sections 335.011 to [335.096] **335.099** and  
20 the rules and regulations enacted pursuant to such sections;  
21 and the board shall annually publish a list of such programs;

22           (6) Deny or withdraw approval from educational  
23 programs for failure to meet prescribed minimum standards;

24           (7) Examine, license, and cause to be renewed the  
25 licenses of duly qualified applicants;

26           (8) Cause the prosecution of all persons violating  
27 provisions of sections 335.011 to [335.096] **335.099**, and may  
28 incur such necessary expenses therefor;

29           (9) Keep a record of all the proceedings; and make an  
30 annual report to the governor and to the director of the  
31 department of commerce and insurance.

32           2. The board shall set the amount of the fees which  
33 this chapter authorizes and requires by rules and  
34 regulations. The fees shall be set at a level to produce  
35 revenue which shall not substantially exceed the cost and  
36 expense of administering this chapter.

37           3. All fees received by the board pursuant to the  
38 provisions of sections 335.011 to [335.096] **335.099** shall be  
39 deposited in the state treasury and be placed to the credit  
40 of the state board of nursing fund. All administrative  
41 costs and expenses of the board shall be paid from  
42 appropriations made for those purposes. The board is  
43 authorized to provide funding for the nursing education  
44 incentive program established in sections 335.200 to 335.203.

45           4. The provisions of section 33.080 to the contrary  
46 notwithstanding, money in this fund shall not be transferred  
47 and placed to the credit of general revenue until the amount  
48 in the fund at the end of the biennium exceeds two times the  
49 amount of the appropriation from the board's funds for the

50 preceding fiscal year or, if the board requires by rule,  
51 permit renewal less frequently than yearly, then three times  
52 the appropriation from the board's funds for the preceding  
53 fiscal year. The amount, if any, in the fund which shall  
54 lapse is that amount in the fund which exceeds the  
55 appropriate multiple of the appropriations from the board's  
56 funds for the preceding fiscal year.

57 5. Any rule or portion of a rule, as that term is  
58 defined in section 536.010, that is created under the  
59 authority delegated in this chapter shall become effective  
60 only if it complies with and is subject to all of the  
61 provisions of chapter 536 and, if applicable, section  
62 536.028. All rulemaking authority delegated prior to August  
63 28, 1999, is of no force and effect and repealed. Nothing  
64 in this section shall be interpreted to repeal or affect the  
65 validity of any rule filed or adopted prior to August 28,  
66 1999, if it fully complied with all applicable provisions of  
67 law. This section and chapter 536 are nonseverable and if  
68 any of the powers vested with the general assembly pursuant  
69 to chapter 536 to review, to delay the effective date or to  
70 disapprove and annul a rule are subsequently held  
71 unconstitutional, then the grant of rulemaking authority and  
72 any rule proposed or adopted after August 28, 1999, shall be  
73 invalid and void.

335.046. 1. An applicant for a license to practice as  
2 a registered professional nurse shall submit to the board a  
3 written application on forms furnished to the applicant.  
4 The original application shall contain the applicant's  
5 statements showing the applicant's education and other such  
6 pertinent information as the board may require. The  
7 applicant shall be of good moral character and have  
8 completed at least the high school course of study, or the

9 equivalent thereof as determined by the state board of  
10 education, and have successfully completed the basic  
11 professional curriculum in an accredited or approved school  
12 of nursing and earned a professional nursing degree or  
13 diploma. Each application shall contain a statement that it  
14 is made under oath or affirmation and that its  
15 representations are true and correct to the best knowledge  
16 and belief of the person signing same, subject to the  
17 penalties of making a false affidavit or declaration.  
18 Applicants from non-English-speaking lands shall be required  
19 to submit evidence of proficiency in the English language.  
20 The applicant must be approved by the board and shall pass  
21 an examination as required by the board. The board may  
22 require by rule as a requirement for licensure that each  
23 applicant shall pass an oral or practical examination. Upon  
24 successfully passing the examination, the board may issue to  
25 the applicant a license to practice nursing as a registered  
26 professional nurse. The applicant for a license to practice  
27 registered professional nursing shall pay a license fee in  
28 such amount as set by the board. The fee shall be uniform  
29 for all applicants. Applicants from foreign countries shall  
30 be licensed as prescribed by rule.

31 2. An applicant for license to practice as a licensed  
32 practical nurse shall submit to the board a written  
33 application on forms furnished to the applicant. The  
34 original application shall contain the applicant's  
35 statements showing the applicant's education and other such  
36 pertinent information as the board may require. Such  
37 applicant shall be of good moral character, and have  
38 completed at least two years of high school, or its  
39 equivalent as established by the state board of education,  
40 and have successfully completed a basic prescribed

41 curriculum in a state-accredited or approved school of  
42 nursing, earned a nursing degree, certificate or diploma and  
43 completed a course approved by the board on the role of the  
44 practical nurse. Each application shall contain a statement  
45 that it is made under oath or affirmation and that its  
46 representations are true and correct to the best knowledge  
47 and belief of the person signing same, subject to the  
48 penalties of making a false affidavit or declaration.  
49 Applicants from non-English-speaking countries shall be  
50 required to submit evidence of their proficiency in the  
51 English language. The applicant must be approved by the  
52 board and shall pass an examination as required by the  
53 board. The board may require by rule as a requirement for  
54 licensure that each applicant shall pass an oral or  
55 practical examination. Upon successfully passing the  
56 examination, the board may issue to the applicant a license  
57 to practice as a licensed practical nurse. The applicant  
58 for a license to practice licensed practical nursing shall  
59 pay a fee in such amount as may be set by the board. The  
60 fee shall be uniform for all applicants. Applicants from  
61 foreign countries shall be licensed as prescribed by rule.

62       **3. (1) An applicant for a license to practice as an**  
63 **advanced practice registered nurse shall submit to the board**  
64 **a written application on forms furnished to the applicant.**  
65 **The original application shall contain:**

66       **(a) Statements showing the applicant's education and**  
67 **other such pertinent information as the board may require;**  
68 **and**

69       **(b) A statement that it is made under oath or**  
70 **affirmation and that its representations are true and**  
71 **correct to the best knowledge and belief of the person**

72 signing same, subject to the penalties of making a false  
73 affidavit or declaration.

74 (2) The applicant for a license to practice as an  
75 advanced practice registered nurse shall pay a fee in such  
76 amount as may be set by the board. The fee shall be uniform  
77 for all applicants.

78 (3) An applicant shall:

79 (a) Hold a current registered professional nurse  
80 license or privilege to practice, shall not be currently  
81 subject to discipline or any restrictions, and shall not  
82 hold an encumbered license or privilege to practice as a  
83 registered professional nurse or advanced practice  
84 registered nurse in any state or territory;

85 (b) Have completed an accredited graduate-level  
86 advanced practice registered nurse program and achieved at  
87 least one certification as a clinical nurse specialist,  
88 nurse midwife, nurse practitioner, or registered nurse  
89 anesthetist, with at least one population focus prescribed  
90 by rule of the board;

91 (c) Be currently certified by a national certifying  
92 body recognized by the Missouri state board of nursing in  
93 the advanced practice registered nurse role; and

94 (d) Have a population focus on his or her  
95 certification, corresponding with his or her educational  
96 advanced practice registered nurse program.

97 (4) Any person holding a document of recognition to  
98 practice nursing as an advanced practice registered nurse in  
99 this state that is current on August 28, 2023, shall be  
100 deemed to be licensed as an advanced practice registered  
101 nurse under the provisions of this section and shall be  
102 eligible for renewal of such license under the conditions

103 **and standards prescribed in this chapter and as prescribed**  
104 **by rule.**

105       **4.** Upon refusal of the board to allow any applicant to  
106 **[sit for] take** either the registered professional nurses'  
107 examination or the licensed practical nurses' examination,  
108 **[as the case may be,] or upon refusal to issue an advanced**  
109 **practice registered nurse license,** the board shall comply  
110 with the provisions of section 621.120 and advise the  
111 applicant of his or her right to have a hearing before the  
112 administrative hearing commission. The administrative  
113 hearing commission shall hear complaints taken pursuant to  
114 section 621.120.

115       **[4.] 5.** The board shall not deny a license because of  
116 sex, religion, race, ethnic origin, age or political  
117 affiliation.

335.051. 1. The board shall issue a license to  
2 practice nursing as **[either] an advanced practice registered**  
3 **nurse,** a registered professional nurse, or a licensed  
4 practical nurse without examination to an applicant who has  
5 duly become licensed as **[a] an advanced practice registered**  
6 **nurse,** registered nurse, or licensed practical nurse  
7 pursuant to the laws of another state, territory, or foreign  
8 country if the applicant meets the qualifications required  
9 of **advanced practice registered nurses,** registered nurses,  
10 or licensed practical nurses in this state at the time the  
11 applicant was originally licensed in the other state,  
12 territory, or foreign country.

13       2. Applicants from foreign countries shall be licensed  
14 as prescribed by rule.

15       3. Upon application, the board shall issue a temporary  
16 permit to an applicant pursuant to subsection 1 of this  
17 section for a license as **[either] an advanced practice**

18 **registered nurse**, a registered professional nurse, or a  
19 licensed practical nurse who has made a prima facie showing  
20 that the applicant meets all of the requirements for such a  
21 license. The temporary permit shall be effective only until  
22 the board shall have had the opportunity to investigate his  
23 **or her** qualifications for licensure pursuant to subsection 1  
24 of this section and to notify the applicant that his or her  
25 application for a license has been either granted or  
26 rejected. In no event shall such temporary permit be in  
27 effect for more than twelve months after the date of its  
28 issuance nor shall a permit be reissued to the same  
29 applicant. No fee shall be charged for such temporary  
30 permit. The holder of a temporary permit which has not  
31 expired, or been suspended or revoked, shall be deemed to be  
32 the holder of a license issued pursuant to section 335.046  
33 until such temporary permit expires, is terminated or is  
34 suspended or revoked.

335.056. **1.** The license of every person licensed  
2 under the provisions of [sections 335.011 to 335.096] **this**  
3 **chapter** shall be renewed as provided. An application for  
4 renewal of license shall be mailed to every person to whom a  
5 license was issued or renewed during the current licensing  
6 period. The applicant shall complete the application and  
7 return it to the board by the renewal date with a renewal  
8 fee in an amount to be set by the board. The fee shall be  
9 uniform for all applicants. The certificates of renewal  
10 shall render the holder thereof a legal practitioner of  
11 nursing for the period stated in the certificate of  
12 renewal. Any person who practices nursing as **an advanced**  
13 **practice registered nurse**, a registered professional nurse,  
14 or [as] a licensed practical nurse during the time his **or**  
15 **her** license has lapsed shall be considered an illegal

16 practitioner and shall be subject to the penalties provided  
17 for violation of the provisions of sections 335.011 to  
18 ~~[335.096]~~ 335.099.

19       **2. The renewal of advanced practice registered nurse**  
20 **licenses and registered professional nurse licenses shall**  
21 **occur at the same time, as prescribed by rule. Failure to**  
22 **renew and maintain the registered professional nurse license**  
23 **or privilege to practice or failure to provide the required**  
24 **fee and evidence of active certification or maintenance of**  
25 **certification as prescribed by rules and regulations shall**  
26 **result in expiration of the advanced practice registered**  
27 **nurse license.**

28       **3. A licensed nurse who holds an APRN license shall be**  
29 **disciplined on their APRN license for any violations of this**  
30 **chapter.**

335.076. 1. Any person who holds a license to  
2 practice professional nursing in this state may use the  
3 title "Registered Professional Nurse" and the abbreviation  
4 ~~["R.N."]~~ "RN". No other person shall use the title  
5 "Registered Professional Nurse" or the abbreviation ~~["R.N."]~~  
6 "RN". No other person shall assume any title or use any  
7 abbreviation or any other words, letters, signs, or devices  
8 to indicate that the person using the same is a registered  
9 professional nurse.

10       2. Any person who holds a license to practice  
11 practical nursing in this state may use the title "Licensed  
12 Practical Nurse" and the abbreviation ~~["L.P.N."]~~ "LPN". No  
13 other person shall use the title "Licensed Practical Nurse"  
14 or the abbreviation ~~["L.P.N."]~~ "LPN". No other person shall  
15 assume any title or use any abbreviation or any other words,  
16 letters, signs, or devices to indicate that the person using  
17 the same is a licensed practical nurse.

18           3. Any person who holds a license [or recognition] to  
19 practice advanced practice nursing in this state may use the  
20 title "Advanced Practice Registered Nurse", **the designations**  
21 **of "certified registered nurse anesthetist", "certified**  
22 **nurse midwife", "certified clinical nurse specialist", and**  
23 **"certified nurse practitioner",** and the [abbreviation]  
24 **abbreviations "APRN", [and any other title designations**  
25 **appearing on his or her license] "CRNA", "CNM", "CNS", and**  
26 **"NP", respectively.** No other person shall use the title  
27 "Advanced Practice Registered Nurse" or the abbreviation  
28 "APRN". No other person shall assume any title or use any  
29 abbreviation or any other words, letters, signs, or devices  
30 to indicate that the person using the same is an advanced  
31 practice registered nurse.

32           4. No person shall practice or offer to practice  
33 professional nursing, practical nursing, or advanced  
34 practice nursing in this state or use any title, sign,  
35 abbreviation, card, or device to indicate that such person  
36 is a practicing professional nurse, practical nurse, or  
37 advanced practice nurse unless he or she has been duly  
38 licensed under the provisions of this chapter.

39           5. In the interest of public safety and consumer  
40 awareness, it is unlawful for any person to use the title  
41 "nurse" in reference to himself or herself in any capacity,  
42 except individuals who are or have been licensed as a  
43 registered nurse, licensed practical nurse, or advanced  
44 practice registered nurse under this chapter.

45           6. Notwithstanding any law to the contrary, nothing in  
46 this chapter shall prohibit a Christian Science nurse from  
47 using the title "Christian Science nurse", so long as such  
48 person provides only religious nonmedical services when  
49 offering or providing such services to those who choose to

50 rely upon healing by spiritual means alone and does not hold  
51 his or her own religious organization and does not hold  
52 himself or herself out as a registered nurse, advanced  
53 practice registered nurse, nurse practitioner, licensed  
54 practical nurse, nurse midwife, clinical nurse specialist,  
55 or nurse anesthetist, unless otherwise authorized by law to  
56 do so.

335.086. No person, firm, corporation or association  
2 shall:

3 (1) Sell or attempt to sell or fraudulently obtain or  
4 furnish or attempt to furnish any nursing diploma, license,  
5 renewal or record or aid or abet therein;

6 (2) Practice [professional or practical] nursing as  
7 defined by sections 335.011 to [335.096] 335.099 under cover  
8 of any diploma, license, or record illegally or fraudulently  
9 obtained or signed or issued unlawfully or under fraudulent  
10 representation;

11 (3) Practice [professional nursing or practical]  
12 nursing as defined by sections 335.011 to [335.096] 335.099  
13 unless duly licensed to do so under the provisions of  
14 sections 335.011 to [335.096] 335.099;

15 (4) Use in connection with his **or her** name any  
16 designation tending to imply that he **or she** is a licensed  
17 **advanced practice registered nurse, a licensed** registered  
18 professional nurse, or a licensed practical nurse unless  
19 duly licensed so to practice under the provisions of  
20 sections 335.011 to [335.096] 335.099;

21 (5) Practice [professional nursing or practical]  
22 nursing during the time his **or her** license issued under the  
23 provisions of sections 335.011 to [335.096] 335.099 shall be  
24 suspended or revoked; or

25           (6) Conduct a nursing education program for the  
26 preparation of professional or practical nurses unless the  
27 program has been accredited by the board.

          335.175. 1. No later than January 1, 2014, there is  
2 hereby established within the state board of registration  
3 for the healing arts and the state board of nursing the  
4 "Utilization of Telehealth by Nurses". An advanced practice  
5 registered nurse (APRN) providing nursing services under a  
6 collaborative practice arrangement under section 334.104 may  
7 provide such services outside the geographic proximity  
8 requirements of section 334.104 if the collaborating  
9 physician and advanced practice registered nurse utilize  
10 telehealth [in the care of the patient and if the services  
11 are provided in a rural area of need.] Telehealth providers  
12 shall be required to obtain patient consent before  
13 telehealth services are initiated and ensure confidentiality  
14 of medical information.

          2. As used in this section, "telehealth" shall have  
16 the same meaning as such term is defined in section 191.1145.

          [3. (1) The boards shall jointly promulgate rules  
18 governing the practice of telehealth under this section.  
19 Such rules shall address, but not be limited to, appropriate  
20 standards for the use of telehealth.

          (2) Any rule or portion of a rule, as that term is  
22 defined in section 536.010, that is created under the  
23 authority delegated in this section shall become effective  
24 only if it complies with and is subject to all of the  
25 provisions of chapter 536 and, if applicable, section  
26 536.028. This section and chapter 536 are nonseverable and  
27 if any of the powers vested with the general assembly  
28 pursuant to chapter 536 to review, to delay the effective  
29 date, or to disapprove and annul a rule are subsequently

30 held unconstitutional, then the grant of rulemaking  
31 authority and any rule proposed or adopted after August 28,  
32 2013, shall be invalid and void.

33 4. For purposes of this section, "rural area of need"  
34 means any rural area of this state which is located in a  
35 health professional shortage area as defined in section  
36 354.650.]

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